

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. APPLICANT(S)	FILING DATE	
						09/988299		
6-22-05								
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS		
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
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13							63	
14							64	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	5	←	←	←	←		TOTAL DEP.	←
TOTAL CLAIMS	7	[QR]	[QR]	[QR]	[QR]		TOTAL CLAIMS	[QR]

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